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Mail Stop Petition - Commissioner for Patents	USPTO	(571) 273-8300	
Date	Client/Matter Number		
September 23, 2005	213187-00004		
From	Attorney Number		
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312.902.5312	312.577.4532		

Total number of pages, including cover letter: pages
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10 pages

Comments

RE: Patent Application No.: 10/039,924
Filing Date November 9, 2001
Inventor: Arnold et al.
Title: Real Time Interactive Video System
Confirmation No.: 1796

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OIPC/IAP**

SEP 26 2005

Please file the attached:
Transmittal Form (1p.)
Fee Transmittal Form (1p.)
Petition to Make Special (2 pp.)
Preliminary Amendment (5 pp.)

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Doc # CH101 (213187-00004) 503U8604v1:09/23/2005/Time:12:23

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/039,924
Filing Date	November 9, 2001
First Named Inventor	Arnold, et al.
Art Unit	
Examiner Name	
Total Number of Pages in This Submission	213187-00004

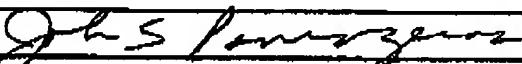
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Katten Muchin Rosenman LLP		
Signature			
Printed name	John S. Paniagua		
Date	9-23-05	Reg. No	31,051

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Jewelle A. Wiggins	Date	9-23-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$130.00**Complete if Known**

Application Number	10/039,924	RECEIVED NOV 9 2001 CENTRAL FAX CENTER
Filing Date	November 9, 2001	SED 23 2005
First Named Inventor	Arnold, et al.	
Examiner Name		
Art Unit		
Attorney Docket No.	213187-00004	

METHOD OF PAYMENT (check all that apply)

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Deposit Account Deposit Account Number 50-1214 Deposit Account Name Katten Muchin

For the above-identified deposit account, the Director is hereby authorized to. (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	*	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

- 3 or HP = _____ * _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) * _____ = _____**4. OTHER FEES(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): fee for Person to Make Special _____ \$130.00

SUBMITTED BY

Signature	<i>J. S. Panigrahy</i>	Registration No. 31,051 (Attorney/Agent)	Telephone (312) 902-5200
Name (Print/Type)	J. S. Panigrahy	Date 9-23-05	

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